

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8636-63-033459

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED AUG 29 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>NORMAN</u>	
Length of stay in 1b <u>24 DAYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FIRMIN Desloge</u>		d. STREET ADDRESS (If outside, give location) <u>8210 Oxeye Drive</u>	
3. NAME OF DECEASED (Type or print) <u>Sylvia Bradshaw</u>		4. DATE OF DEATH <u>AUG 24, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-11-1919</u>
9. AGE (last birthday) <u>44</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		11. BIRTHPLACE (City and state or country) <u>Holcomb, Mo.</u>
10a. KIND OF BUSINESS OR INDUSTRY <u>HOMI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William W. Hodgkins</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Carpenter</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>R. Bradshaw 8210 Oxeye Norman</u>	
16. NAME OF HUSBAND OR WIFE <u>Robert Bradshaw</u>		17. (INFORMANT) <u>NO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular Fibrillation</u> DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>1 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension due to Renal Artery Arteriosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4200</u>	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8-1-63</u> to <u>8-24-63</u> and last saw her alive on <u>8-24-63</u> Death occurred at <u>2:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>1015 S. Grand</u>	
22c. DATE SIGNED <u>8/26/63</u> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>8-27-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pine City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Holcomb, Mo.</u>		24. FUNERAL DIRECTOR <u>Russell Mortuary</u>	
25. DATE RECD. BY LOCAL REG. <u>AUG 26 1963</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer, No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James S. Curran

Licensed Embalmer No. 5168

P. O. Address

Milledale, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.